

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90184 007 ***150.00

DOCUMENT # P97000106010

1. Entity Name

LLWGP, INC.

Principal Place of Business

Mailing Address

C/O ARTHUR H. COURSHON, ZACK SPARBER
 100 S.E. 2ND STREET SUITE 2800
 MIAMI FL 33131

C/O ARTHUR H. COURSHON, ZACK SPARBER
 100 S.E. 2ND STREET SUITE 2800
 MIAMI FL 33131

00052243



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3250 Mary Street, #303

3. Mailing Address

3250 Mary Street, #303

Suite, Apt. #, etc.

Coconut Grove, FL 33133

Suite, Apt. #, etc.

Coconut Grove, FL 33131

City & State

City & State

4. FEI Number **65-0804217**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALE, MICHAEL H
3250 MARY STREET
SUITE 303
MIAMI FL 33133

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **COURSHON, ARTHUR H**
 CITY-ST-ZIP **100 S.E. 2ND STREET #2800**
MIAMI FL 33131

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3250 Mary Street, #303**
 CITY-ST-ZIP **Coconut Grove, FL 33133**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Arthur H. Courshon, Director

4/27/01

Date

Daytime Phone #

CR2E034 (10/00)